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| | |
|-------------------|--------------------|
| Fani Malikouzakis | (Depositor's name) |
| Fani Malikouzakis | (Signature) |
| 7/22/05 | (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|------------------------|----------------------------|------------------|
| 10/026,106 | 12/21/2001 | Jean-Christophe Renaud | LUD 5752 DIV JEL/NDH (101) | 7513 |

TITLE OF INVENTION: ISOLATED CYTOKINE RECEPTOR LICR-2

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|-------------|--------------|-----------|-----------------|------------------|----------|
|-------------|--------------|-----------|-----------------|------------------|----------|

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|----------------|-----|-------|-------|--------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 09/19/2005 |
|----------------|-----|-------|-------|--------|------------|

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|----------------|----------|----------------|
| HAMUD, FOZIA M | 1647 | 435-069100 |

| | | |
|---|---|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | 1 <u>Fulbright & Jaworski LLP</u> 2 _____ 3 _____ |
|---|---|---|

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ludwig Institute for Cancer Research

New York, New York

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature hanson

Date 7/22/05

Typed or printed name Norman Hanson

Registration No. 304,946

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IN THE UNITED STATES PATENT AND TRADEMARKS OFFICE

Applicant(s): Jean-Christophe RENAULD
 Serial Number: 10/026,106
 Filed: December 21, 2001
 For: ISOLATED CYTOKINE RECEPTOR LICR-2
 Art Unit: 1647 Examiner: Fozia M. HAMUD
 Class-Subclass: 435-069100 Confirmation No. 7513

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TRANSMITTAL LETTER

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Respectfully yours,

Norman D. Hansón
Reg. No. 30,946

Duplicate copy enclosed
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